OVERVIEW

All Arizona residents can apply for AHCCCS medical services or the Arizona Long Term Care System (ALTCS) program. There are many programs that individuals may qualify for in order to receive AHCCCS or ALTCS coverage.

The programs have different financial and non-financial requirements that applicants must meet, including, but not limited to:

- ☑ Proof of Arizona residency at the time of application
- ☑ Proof of U.S. citizenship or legal alien status
  - ✓ The Emergency Services Program provides coverage for most immigrants -- lawfully admitted immigrants as well as undocumented/illegal immigrants -- of emergency services and labor and delivery services only.
- ☑ An income test that requires applicants to provide documentation of all family earned and unearned income
- ☑ A resource test that requires applicants to identify resources (e.g., homes, other property, liquid assets, vehicles, and any other item of value) and provide documentation of their value
  - ✓ A resource test is not applied for all eligibility programs.
- ☑ Other requirements
  - ✓ Each program has certain non-financial and/or financial requirements, such as age, disability, pregnancy, medical "spenddown" or other household requirements that are unique to the program, and are aimed at serving specific groups of people.

ELIGIBILITY

Eligibility determination is not performed under one roof but by various agencies, depending on the category.

For example, pregnant women, families, children and many individuals usually enter AHCCCS by way of the Department of Economic Security. The blind, aged or disabled who receive Supplemental Security Income enter through the Social Security Administration. Eligibility for categories such as ALTCS, SSI – Medical Assistance Only (aged, blind and disabled who do not qualify for Supplemental Security Income cash payment), KidsCare, AHCCCS for Parents of KidsCare Children (HIFA Parents), Freedom to Work, Breast and Cervical Cancer, and Medicare Cost Sharing programs is handled by the AHCCCS Administration.

Each eligibility category has its own income and resource criteria.

ELIGIBILITY (CONT.)

AHCCCS provides family coverage under the following eligibility categories:

- ☑ AHCCCS for Families and Children (AFC)
- ☑ Medical Expense Deduction (MED)
- ☑ Health Insurance Flexibility and Accountability (HIFA) Demonstration Initiative
  - ✓ HIFA provides coverage to parents of Title XIX SOBRA children and Title XXI KidsCare children who are not otherwise eligible for Medicaid.

Coverage for children is provided under the following eligibility categories:

- ☑ ALTCS
- ☑ KidsCare
  - ✓ KidsCare is Arizona's version of the Title XXI State Children's Health Insurance Program.
  - ✓ It covers low-income children under age 19 if the family income is less than 200 per cent of federal poverty level (FPL).
- ☑ SOBRA
- ☑ SSI Cash (Title XVI) or SSI MAO
- ☑ Young Adult Transitional Insurance (YATI)
- ☑ Foster care children

Coverage for single individuals and couples without minor children is provided under the following eligibility categories:

- ☑ ALTCS
- ☑ Breast and Cervical Cancer Treatment Program
- ☑ Medical Expense Deduction (MED)
- ☑ SOBRA Pregnant Women
- ☑ SSI Cash (Title XVI) or SSI MAO
- ☑ Title XIX Waiver Population Non-Spenddown
- ☑ Freedom to Work

ELIGIBILITY (CONT.)

Various Medicare cost sharing programs help recipients pay Medicare premiums, deductibles, and coinsurance.

- ☑ Qualified Medicare Beneficiary (QMB)
- ☑ Qualified Individual 1 (QI-1)
  - ✓ Qualified Individual 2 (QI-2) was not funded and eliminated November 14, 2003
- ☑ Specified Low Income Medicare Beneficiary (SLMB)

Some eligibility categories provide partial coverage of AHCCCS-covered services:

- ☑ Family Planning Services (FPS) provides family planning services only for up to 24 months to SOBRA pregnant women after a 60-day post partum period.
- ☑ The federal Emergency Services Program (FESP) provides coverage of emergency services only to undocumented/illegal immigrants and some legal immigrants who do not qualify for full AHCCCS covered services. (See Chapter 18, Emergency Services Program)
- ☑ Benefits for KidsCare recipients are the same as under EPSDT except KidsCare recipients are not covered for licensed midwife services and home births.

NEWBORNS

All babies born to AHCCCS-eligible mothers are also deemed to be AHCCCS eligible and may remain eligible for up to one year if the newborn continues to reside with the mother and the newborn and mother continue to reside in Arizona.

Newborns born to FESP recipients also are eligible up to one year of age. While the mother will be covered on a fee-for-service basis under FESP, the newborn will be enrolled with a health plan.

Newborns born to mothers enrolled in KidsCare will be approved for KidsCare beginning with the newborn's date of birth unless the child is Medicaid eligible.

Newborns receive separate AHCCCS ID numbers, and services for them must be billed separately using the newborn's ID. Services for a newborn that are included on the mother's claim will be denied.

COVERAGE OUT OF STATE

A recipient who is temporarily out of the state but still a resident of Arizona is entitled to receive AHCCCS benefits under one of the following conditions:

- ☑ Medical services are required because of a medical emergency.
  - ✓ Documentation of the emergency must be submitted with the claim to AHCCCS.
- ☑ The recipient requires a particular treatment that can only be obtained in another state.
- ☑ The recipient has a chronic illness necessitating treatment during a temporary absence from the state or the recipient's condition must be stabilized before returning to the state.

Services furnished to AHCCCS members outside the United States are not covered.

ELIGIBILITY EFFECTIVE DATES

The following general guidelines apply to eligibility effective dates:

- ☑ For most recipients, eligibility is effective from the first day of the month of application or the first day of the month in which the recipient meets the qualifications for the program.
- ☑ For recipients eligible under Medical Expense Deduction - Spenddown, eligibility is effective on the date the individual meets spenddown or the first day of the month of application, whichever is later.
- ☑ For KidsCare recipients and HIFA parents, if the eligibility determination is completed by the 25th day of the month, eligibility begins on the first day of the following month. For eligibility determinations completed after the 25th day of the month, eligibility begins on the first day of the second month following the determination of eligibility.

ENROLLMENT

AHCCCS *pre-enrolls* most acute care recipients with contractors of their choice when they apply for eligibility through DES and the Social Security Administration. Each recipient who applies at a DES or SSA office receives information about the contractors available to him or her.

ALTCS applicants in Maricopa County and all SSI-MAO applicants also have the opportunity to select a contractor during the application process.

KidsCare applicants and HIFA parents must choose a contractor prior to approval of their application.

ENROLLMENT (CONT.)

Because the recipient can select a contractor while the eligibility decision is pending, he or she is enrolled on the same day he or she is determined eligible. A recipient who does not choose a contractor is auto-assigned to a contractor on the same day that his or her eligibility is posted in the AHCCCS system.

Contractors are responsible for reimbursing providers for covered services rendered to recipients during the *prior period coverage* (PPC) time frame. The PPC is the period between the recipient's starting date of AHCCCS eligibility and the date of enrollment with a contractor.

Example 1:

05/12 Recipient applies at DES and receives pre-enrollment information.

06/18 DES approves application and sends transaction to AHCCCS.

06/19 Eligibility is posted by AHCCCS with an effective date of 05/01.

The recipient is enrolled in his or her pre-selected contractor (or auto-assigned to a contractor if no selection was made) on the AHCCCS posting date. If the recipient did not make a pre-enrollment choice, AHCCCS follows re-enrollment rules and family continuity rules before auto-assigning the recipient to a contractor.

The contractor is responsible for prior period coverage from 05/01 (start of eligibility) through 06/18 (day before enrollment). The contractor is capitated at the appropriate PPC rate for this period. When enrollment begins on 06/19, the contractor is capitated under the appropriate on-going rate.

AHCCCS acute care recipients may change contractors once a year during their enrollment anniversary month. The enrollment anniversary is the month in which a recipient was first enrolled with an AHCCCS contractor. Native Americans may change between Indian Health Service (IHS) and an AHCCCS contractor at any time.

If more than one person in a household is on AHCCCS, that household's anniversary is the month in which enrollment occurred for the recipient who has been an AHCCCS recipient for the longest period of time. Any member of the household who wants to change contractors may do so at the same time.

Two months prior to their anniversary date, recipients are mailed information about the available contractors in their county. Those who wish to change contractors have a month to notify AHCCCS of their decision, either by mail, the Interactive Voice Response (IVR) system, or by calling AHCCCS with their enrollment choice.

ENROLLMENT (CONT.)

The following month is the transitional month during which time AHCCCS notifies both the former plan and new plan of the enrollment changes. This allows the plans adequate time to transfer records and welcome new members.

Recipients who do not want to change contractor do not have to do anything to remain enrolled in their current health plans.

This same process applies to ALTCS recipients in Maricopa County, where a choice of contractors is available. Only one ALTCS contractor is available in other counties

VERIFYING AHCCCS ELIGIBILITY AND ENROLLMENT

Even if a recipient presents an AHCCCS ID card or a decision letter from an eligibility agency, the provider must always verify the recipient's eligibility and enrollment status.

Effective dates of eligibility can only be verified through the AHCCCS system and may change as information is updated in the system. Eligibility categories also may change or be overridden by other eligibility categories. Recipients also may change their choice of contractors.

Although there are no prior authorization (PA) requirements during the PPC time frame, once prospective enrollment begins, the contractors may impose PA requirements. These requirements may differ from those established by AHCCCS for fee-for-service recipients.

Providers may use any one of several verification processes to obtain eligibility, enrollment, and TPL information (if available).

☑ AHCCCS has developed a Web application that allows providers to verify eligibility and enrollment using the Internet. Providers also can obtain Medicare/TPL information for a recipient.

- ✓ To create an account and begin using the application, providers must go to the AHCCCS Home Page at www.ahcccs.state.az.us.
- ✓ Once at the Home Page, click on the Information for Providers link to go to the Providers page.
- ✓ A link on the Providers page allows providers to create a free account.
- ✓ For technical support when creating an account, providers should call (602) 417-4451.

VERIFYING AHCCCS ELIGIBILITY AND ENROLLMENT (CONT.)

Verification processes (Cont.)

☑ The Medical Electronic Verification System (MEVS) uses "swipe card" technology.

- ✓ Plastic recipient identification cards with a magnetically encoded strip enable providers to "swipe" the card through a card reader, similar to using credit and debit cards in stores.
- ✓ For information on MEVS, contact one of the MEVS vendors:

  Web MD 1-800-366-5716

  Medifax EDI 1-800-444-4336

☑ The *Interactive Voice Response system (IVR)* allows an unlimited number of verifications by entering information on a touch-tone telephone.

- ✓ Providers may call IVR at:

  Phoenix: (602) 417-7200

  All others: 1-800-331-5090
- ✓ In Maricopa County only, providers can request faxed documentation.

☑ The on-line *Eligibility Verification System (EVS)* allows providers to use a PC or terminal to access eligibility and enrollment information.

- ✓ For information on EVS, contact:

  Web MD 1-800-366-5716

  Medifax EDI 1-800-444-4336

☑ If a provider cannot use the AHCCCS Web site, MEVS, IVR, or EVS, the provider should contact the *AHCCCS Verification Unit.*

- ✓ The unit is staffed from 6:00 a.m. to Midnight, 7 days a week
- ✓ To contact the AHCCCS Verification Unit, call:

  Phoenix: (602) 417-7000

  All others: 1-800-962-6690
- ✓ Providers should be prepared to give the operator the following information:
  - ☒ *Provider* ID number
  - ☒ *Recipient's* name, date of birth, and AHCCCS ID number or Social Security number
  - ☒ Date(s) of *se*rvice